

Date Received.....Dec 4 1978

No. 78-67

Amt. Paid \$ 184.41

Date Issued.....

**TOWN OF ACTON****APPLICATION FOR PERMIT TO BUILD OR REMODEL**

This application must be submitted not less than two weeks prior to the date of starting construction. Building plans must accompany all applications. A Registered Plot Plan for all detached buildings, and a Sketch indicating location of buildings for additions, must also be submitted.

The undersigned hereby applies for a permit to build, alter, or make additions according to the information filed herewith and the following:

1. Owner Donnell + Son Address 17 Grosvenor St Ayer Mass.
2. Architect Donnell + Son Address same
3. Contractor Donnell + Son Address same
4. Use of building Home for sale
5. Estimated cost complete, including land \$ 22,000
6. Type of Construction Welded frame
7. Location of building 5 Larch Rd. ACTON MASS.  
No. Street

- a. If in recorded subdivision, give name .....  
lot number X

8. Zone District residential

9. Lot dimensions:

- |                               |                                   |
|-------------------------------|-----------------------------------|
| a. Frontage <u>178.86</u>     | e. Distance to side <u>75 ft</u>  |
| b. Depth <u>440 ft</u>        | f. Distance to rear <u>140 ft</u> |
| c. Sq. ft. area <u>46,865</u> | g. Set back front <u>35 ft</u>    |
| d. Rear dimensions <u>7</u>   |                                   |

10. Description of Building Two story ~~garage~~ garage

Size of building 25X42 1st FLOOR  
26X42 2nd FLOOR  
No. of bedrooms 4  
No. of baths 2 1/2  
Area for future rooms .....

Garage: .....Attached X Under .....Separate

I hereby certify that the data given on this sheet is correct and that I will conform to all the applicable by-laws of the Town of Acton in erecting the building.

**PERMIT FEES ARE NONREFUNDABLE  
EITHER IN PART OR WHOLE.**

Signature of Applicant

Address

**THIS PERMIT SHALL BE VOID  
UNLESS CONSTRUCTION THERE-  
UNDER IS COMMENCED WITHIN  
NINETY DAYS AFTER THE DATE  
HEREOF.**

Zoning approval .....

Sub-division approval .....

Approval of Board of Health: Date.....

772-0730